THE FEDERAL BUREAU OF PRISONS
ANNUAL REPORT ON SUBSTANCE ABUSE TREATMENT PROGRAMS FISCAL YEAR 2012

REPORT TO THE JUDICIARY COMMITTEE
UNITED STATES CONGRESS

As Required by the Violent Crime Control and Law Enforcement Act of 1994

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INTRODUCTION

The Federal Bureau of Prisons (Bureau) has prepared this report for the Committee on the Judiciary of the Senate and the Committee on the Judiciary of the House of Representatives as required by Title 18 U.S.C. § 3621(e) (3). As required by statute, this report provides the following:

- A description of the substance abuse treatment programs provided by the Bureau;
- An explanation of how eligibility for the programs is determined; and
- The Bureau's compliance with the requirements of Title 18 U.S.C. § 3621(e).

I. THE BUREAU OF PRISONS SUBSTANCE ABUSE TREATMENT PROGRAMS AND ADMISSION CRITERIA

Drug Treatment Programs in the Federal Bureau of Prisons have been designed using the most recent evidence based practices and are highly interactive. Currently, drug abuse education and substance abuse treatment is available in each of the Bureau's 118 institutions.

The Bureau's drug abuse treatment strategy parallels community drug abuse treatment regimens differentiating between residential treatment (RDAP) and out-patient treatment (non-residential treatment). This approach allows the Bureau to provide the appropriate treatment intensity to its substance using, abusing, and dependent population.

The BOP's drug abuse treatment strategy includes four main areas. All inmates at every institution have the **Drug Abuse Education** program available to them. **Nonresidential Drug Abuse Treatment** is also available for inmates who have short sentences, those who may not meet the criteria for the Residential Drug Abuse Program (RDAP), and those awaiting RDAP. The **Residential Drug Abuse Program** is the Bureau's most intensive treatment program in which participants live in a housing unit separate from the general population; participate in half-day programming and half-day work, as well as participate in school or vocational activities. Inmates can also participate in **Community Transition Drug Abuse Treatment** which ensures inmates receive continued treatment while remaining in Bureau custody through placement in a Residential Re-entry Center or home confinement.

To estimate future demand and determine the number of beds that will be required for the residential drug abuse treatment program in subsequent years, the Bureau conducted a study of the prevalence of drug use disorders among an admission cohort of federal prisoners. The Bureau reviewed over 2,500 presentence investigation reports to ascertain the frequency of inmates who had either a reference to a medical diagnosis of a drug use disorder or a self-report of drug use that met the criteria for a drug use disorder. The findings extrapolated from these data indicate that approximately 40 percent of inmates entering the Bureau's custody during fiscal years 2002 and 2003 met the APA criteria for a substance use disorder.

Drug Abuse Education

Drug abuse education is not drug abuse treatment. The purpose of drug abuse education is to encourage offenders with a history of drug use to review the choices they have made and the

consequences of their choices including their choice to use drugs. They must review how those choices have affected them physically, socially, and psychologically. Drug abuse education takes the offender through the cycle of drug use and crime and offers compelling evidence of how continued drug use can lead to a further criminality and related consequences. Drug abuse education is designed to motivate appropriate offenders to participate in nonresidential or residential drug abuse treatment, as needed.

Admission Criteria

Upon entry into a Bureau facility, unit staff assesses the offender's records to determine if the offender meets the criteria for drug abuse education (see criteria, Attachment I). If the criteria for admission are met, the offender is required to participate.

Program Content

Drug abuse education is offered at every Bureau institution. Participants in drug abuse Education review their individual drug use histories and are shown evidence of the nexus between drug use and crime. Participants also receive information on what distinguishes drug use, abuse, and addiction. Appropriate participants are referred for nonresidential drug abuse treatment or residential drug abuse treatment.

The new Bureau drug abuse education protocol implemented in 2009 is fully operational. The streamlined protocol improves offender engagement and allows Psychology Services personnel to spend more time providing drug abuse treatment to inmates. In fiscal year 2012, 33,646 inmates participated in drug abuse education. (See Attachment II for a breakdown of participants by program and fiscal year).

Nonresidential Drug Abuse Treatment

Nonresidential drug abuse treatment is available in every Bureau institution through the Psychology Services Department, which is staffed with at least one Drug Abuse Program Psychologist and one Drug Abuse Treatment Specialist. Nonresidential drug abuse treatment is a flexible program designed to meet the specific individualized treatment needs of the inmate.

Admission Criteria

Specific populations targeted for nonresidential drug abuse treatment include:

- Inmates with a relatively minor or low-level substance abuse impairment;
- Inmates with a drug use disorder who do not have sufficient time remaining on their sentence to complete the intensive Residential Drug Abuse Treatment Program;
- Inmates with longer sentences who are in need of treatment and are awaiting placement in the residential program; and
- Inmates who completed the unit- based component of the Residential Drug Abuse Treatment Program and are required to continue with “aftercare” treatment upon their transfer back to the general inmate population.

Program Content

The Bureau's treatment of substance abuse includes a variety of clinical activities organized to treat complex psychological and behavioral problems. The activities are unified through the use of Cognitive Behavioral Therapy (CBT), which was selected as the theoretical model because of its proven effectiveness with the inmate population.

A drug abuse treatment specialist, under the supervision of a psychologist, develops an individualized treatment plan based on a psychosocial assessment of the inmate. Self-help groups, such as Alcoholics Anonymous and Narcotics Anonymous, are available to inmates to support the Bureau's nonresidential treatment regimen.

Inmates participate in nonresidential drug abuse treatment for a minimum of 12 weeks and a minimum of four hours per week. Treatment staff may increase these minimum requirements depending upon the needs of the inmate and the ability of the institution to provide services.

Nonresidential drug abuse treatment in the form of aftercare is also required for inmates who have completed the unit-based component of the RDAP and who are not immediately transferred to a Residential Reentry Center (RRC). This aftercare treatment is conducted for a minimum of 1-1/2 hours per month for 12 months or until his/her transfer to an RRC.

In fiscal year 2012, 20,141 inmates participated in Nonresidential Drug Abuse Treatment. (See Attachment II for a breakdown of participants by fiscal year).

Residential Drug Abuse Treatment

The Residential Drug Abuse Treatment Program (RDAP) was originally developed in 1989 based on the correctional drug abuse treatment research and literature of that time. Since 1989, the Bureau has enhanced the program, incorporating treatment approaches that are based on the CBT model of treatment. At present**,** 63 Bureau institutions and one contract facility, Rivers Correctional Institution, North Carolina, operate an RDAP (See Attachment III for program locations). Two of these institutions, the Federal Medical Center (FMC) at Carswell, Texas (for women) and FMC Lexington, Kentucky, (for men) also provide specialized treatment services for the inmate with co-occurring substance abuse and mental illness and/or medical problems. One facility, the United States Medical Center for Federal Prisoners (USMCFP) Springfield, Missouri, provides drug abuse treatment to male inmates with specific medical problems (e.g., kidney disease requiring dialysis provided at the USMCFP). In FY 2012 the Director approved 120 additional RDAP positions expanding the RDAP to allow an additional 1,616 inmate participants. The BOP opened an RDAP in a United States Penitentiary for the first time in fifteen years. In FY 2013 we anticipate activating two Spanish Residential Drug Abuse Treatment Programs, one for male and one for female inmates.

Overview

The RDAP provides intensive drug abuse treatment to inmates diagnosed with a drug use disorder as defined by the APA. Programs are staffed by a doctoral-level psychologist (the Drug

Program Coordinator) who supervises the treatment staff. The ratio of drug abuse treatment staff to inmates is 1 to 24.

Inmates in the residential program are housed together in a treatment unit that is set apart from the general population. Consistent with drug abuse treatment research on program effectiveness, treatment is provided for a minimum of 500 hours over 9 to 12 months.

Admission Criteria

Prior to acceptance into an RDAP, inmates are screened and assessed by the RDAP clinical staff to determine if they meet the diagnostic criteria for a substance use disorder.
Inmates must enter residential treatment voluntarily and must sign an agreement to participate in the RDAP and abide by the rules regarding the behavior that is expected within and outside the treatment unit. Participants are informed of how the Bureau measures treatment success and what behaviors are required to successfully complete the RDAP. Treatment staff emphasize the primary purpose of the program is to treat inmates for drug abuse, not to provide an early release from Bureau custody.

Qualified inmates, as defined within the title, are admitted into the RDAP based on their nearness to release. This system ensures all eligible inmates who volunteer for the RDAP receive treatment before they are released from custody, and are able to continue treatment with a community-based treatment provider when transferred to an RRC while still in Bureau custody.

Program Content

As noted above, the Bureau's theoretical model of change is CBT, which targets behaviors that reduce anti-social peer associations; promote positive relationships; increase self-control, self-management, and problem solving skills; end drug use; and replace lying and aggression with pro-social alternatives. The residential treatment unit is operated as a modified therapeutic community. A therapeutic community is a society in miniature where attitudes and behaviors, thoughts and feelings, connectedness and alienation are viewed as if under a magnifying glass. The therapeutic community is designed to enable individual members to view themselves from other perspectives, and in roles different from the ones they have carved out for themselves. Each person is everyone else's mirror, reflecting the positive and negative back to one another in a supportive and caring way. The Bureau's therapeutic community is a modified form of traditional therapeutic community models, in that we do not allow inmates to have authority over one another.

To date, the Bureau's residential drug abuse treatment protocol has been requested by all 50 States and 9 foreign countries. In addition, a number of local correctional agencies, contract correctional agencies and community-based treatment providers have ordered the Bureau's treatment protocol. The Bureau facilitator's protocol is available through the National Institute of Corrections (NIC) Information Center.

In fiscal year 2012, 14,482 inmates participated in the RDAP. (See Attachment II for a breakdown of participants by fiscal year).

RDAP Treatment Evaluation

Beginning in 1991, in coordination with the National Institute on Drug Abuse, the Bureau conducted a rigorous 3-year outcome study of the RDAP. Published in 2000[1], the results were noteworthy. The evaluation was superior to any drug abuse treatment assessment to that point because of the size of the treatment population assessed, the opportunity to evaluate the effect of treatment on both male and female inmates (1,842 men and 473 women), and a methodology developed to address the problem of selection bias found in other evaluations.

The study revealed that male participants were 16 percent less likely to recidivate and 15 percent less likely to relapse than similarly-situated inmates who do not participate in residential drug abuse treatment for up to 3 years after release. The analysis also found that female inmates who participate in RDAP are 18 percent less likely to recidivate than similarly situated female inmates who do not participate in treatment. This study demonstrates that the Bureau's RDAP makes a positive difference in the lives of inmates and improves public safety.

Challenge Program Locations

Northeast Region –
USP Allenwood (PA)
USP Caanan (PA)

MidAtlantic Region –
USP Big Sandy (KY)
USP Hazelton (WV)
USP Lee (VA)
USP McCreary (KY)

Southeast Region –
USP Coleman I (FLA)
USP Coleman II (FLA)

North Central Region –
USP Terre Haute (IN)

South Central Region –
USP Beaumont (TX)
USP Pollock (LA)

Western Region –
USP Atwater (CA)
USP Tucson (AZ)

The Challenge Program

The Challenge Program is a unit-based, residential program developed for inmates in penitentiary settings. The Challenge Program provides treatment to inmates with substance abuse problems and/or mental illness.

Overview

Located in 13 United States Penitentiaries (USPs), the Challenge Program also offers CBT treatment programming wrapped within the therapeutic community model. Inmates may participate in the program at any point during their sentence; however, they must have at least 18 months remaining on their sentence. The duration of the program varies, based on inmate need, with a minimum duration of 9 months. The Challenge Program staff to inmate ratio is 1- to-20.

Admission Criteria

An inmate must meet one of the following criteria to be admitted into

[1] Federal Bureau of Prisons (2000). TRIAD Drug Treatment Evaluation Project Final Report of Three-Year Outcomes: Part I. ORE Report.

the Challenge Program:

- A history of drug abuse as evidenced by self-report, Presentence Investigation Report (PSI) documentation, or Incident reports for use of alcohol or drugs.
- A major mental illness as evidenced by a current diagnosis of a psychotic disorder, mood disorder, anxiety disorder, or personality disorder.

Program Content

The Challenge Program content is similar to the RDAP with three exceptions. First, the protocol was developed specifically for high security inmates and includes treatment activities geared to this high risk population, including a component focusing on violence prevention. Second, there is a separate protocol for those inmates with severe mental illness who require day-to-day self-management skills, medication management and basic daily living skills, and third the "program completion awards" are discrete. The Challenge Program does not afford an inmate an early release. However, if an inmate successfully completes the Challenge Program, his security point level may drop sufficiently to enable him to transfer to a medium security institution where he may (if he meets the RDAP qualification) be admitted to an RDAP.

Community Transition Drug Abuse Treatment

Community Transition Drug Abuse Treatment (Transition Treatment) has been a component of the Bureau's drug abuse treatment strategy since 1991. Research has repeatedly demonstrated that continued supervision (as afforded in the RRC) combined with treatment, decreases the risk of relapse and other behavioral problems, thereby reducing the likelihood of an offender's return to custody. Thus, all inmates who participate in the RDAP are required to continue participation in the Community Treatment component to successfully complete the RDAP, including earning any "program completion award" for which they may be eligible (e.g., an early release). The opportunity to continue treatment in the community is also available to Challenge Program participants.

Upon completion of the unit-based portion of the RDAP, the Bureau ensures that inmates receive continued treatment while designated to an RRC or home detention. Transition Treatment maintains a comprehensive network of Bureau-contracted community-based treatment providers who are located within a reasonable distance from the RRCs. Transition Treatment staff refer offenders for treatment and provide clinical oversight of the services provided by the contractor.

In FY 2012, the Bureau continued to provide treatment for offenders with co-occurring disorders (e.g., substance abuse and mental illness) during their period of transition. Inmates with other behavioral disorders, who also have substance disorders, can receive transition treatment as well.

Inmates who did not volunteer for drug abuse treatment in an institution, may request drug abuse treatment upon transfer to an RRC or may be required to participate in community-based treatment as part of their program plan.

An important component of Transition Treatment is the transfer of a treatment summary, which includes information on the inmate and his/her participation in the institution portion of RDAP, to the Transition Treatment staff. The Transition Treatment staff transfer this information to the Bureau's contracted community-based treatment providers to assist them in developing an appropriate treatment regimen for the inmate's transition into the community. Upon release from Bureau custody, the Transition Treatment staff provide the institution treatment summary and a termination report from the Bureau contracted community based treatment provider detailing the course of community treatment to the inmate's supervising authority (e.g., Court Services and Offender Supervision Agency (CSOSA, United States Probation).

To further the continuum of treatment, participants in Transition Treatment often continue drug abuse treatment during their period of supervised release under the auspices of the inmate's supervising authority (e.g., CSOSA, United States Probation Office). These inmates frequently remain with the same treatment provider, ensuring continuity in treatment and accountability during this period of community reentry and supervision.

In fiscal year 2012, 12,464 inmates participated in transition treatment. (See Attachment II for a breakdown of participants by fiscal year).

II. COMPLIANCE WITH THE REQUIREMENTS OF TITLE 18 USC § 3621(e)

Meeting the Demand for Treatment

Title 18 U.S.C. § 3621 (e)(2)(B) requires the Bureau (subject to the availability of funds) to provide residential substance abuse treatment to *all* eligible inmates. In FY 2012, the Bureau met the requirement to treat 100 percent of the eligible inmate population, with 14,482 inmates participating in the RDAP.

Providing an Early Release

Title 18 U.S.C. § 3621(e)(2) allows the Bureau to grant a non-violent offender up to one year off his/her term of imprisonment for successful completion of the Residential Drug Abuse Treatment Program. In fiscal year 2012, 4,776 inmates received a reduction in their term of imprisonment based on this law (average reduction was 9.9 months).

In order to continue to meet the requirements of VCCLEA, and to further facilitate inmate reentry as outlined in the Second Chance Act of 2007, a request for an additional $15.0 million to expand RDAP capacity was included in the President's FY 2012 Congressional Budget Request. However, the funding was not provided in the FY 2012 enacted appropriation for the BOP. Therefore, the President's FY 2013 Congressional Budget Request again asks for the additional funding, at a lowered amount of $13.0 million, to expand RDAP capacity. The requested resources are vital to allow expansion of drug treatment capacity, and will help BOP reach the goal of providing 12 month sentence credits to all eligible inmates.

Coordinating with the Department of Health and Human Services

In fiscal year 2012, the Bureau continued its relationship with NIDA, by working with them on a number of Criminal Justice-Drug Abuse Treatment projects. These projects include the use of Medicated Assisted Treatment in the Bureau and an HIV/AIDS data collection project. In addition, the Bureau of Prisons has worked with the Department of Health and Human Services (HHS) and other various components of the Department of Justice in the crafting of Drug Control Strategy for the Office of National Drug Control Policy.

The Federal Consortium to Address the Substance Abusing Offender was established and funded by BJA as the mechanism to facilitate collaboration. The consortium includes representatives from many parts of the federal criminal justice system, as well as representatives from HHS, such as NIDA and SAMHSA, the Department of Housing and Urban Development (HUD), the Department of Education (DOE), the National Highway Traffic Safety Administration (NHTSA), and the Centers for Disease Control and Prevention (CDC). The consortium works to develop information for State and local officials to assist with effective treatment protocols, communication and reporting strategies, data collection, and research.

In 2011, the Office of National Drug Control Policy (ONDCP) added a new Action Item to the Drug Control Strategy -- to improve and advance substance abuse treatment in prisons. As the lead agency for this item, the Bureau works with the Bureau of Justice Assistance (BJA) and the National Institute of Corrections (NIC) to ensure evidence-based treatment services are provided to prisoners. BJA and the Substance Abuse, Mental Health Services Administration (SAMHSA) provide training and technical assistance to state Residential Substance Abuse Treatment (RSAT) programs with the intent of maximizing the use of evidence-based substance abuse treatment and aftercare for inmates in need of such treatment. In 2012 new training curricula, incorporating the latest evidence-based practices and aftercare research, was made available through the RSAT Training and Technical Assistance website. This will advance the field of residential substance abuse treatment for current grantees, as well as for directors, key correctional personnel, and treatment providers implementing or planning to implement residential treatment.

III. SUMMARY AND FUTURE GOALS

The Bureau of Prisons continues to develop a strong and comprehensive drug abuse treatment strategy consisting of: drug abuse education; non-residential drug abuse treatment programming; residential drug abuse treatment programming; and community transitional drug abuse treatment. In FY 2012 the Director approved 120 additional RDAP positions expanding the RDAP to allow an additional 1,616 inmate participants.

The Bureau continues to work in cooperation with the BJA, NIC and SAMHSA in developing and disseminating documents as well as a web site to ensure evidence based residential drug treatment programs are developed in Federal and state prisons.

In FY 2012 the Bureau opened a Residential Drug Abuse Treatment Program in a United States Penitentiary for the first time in fifteen years. The Bureau will continue to expand the opportunity for high security inmates to participate in RDAP. To this end, in FY 2013, new programs will be activated in an additional three United States Penitentiaries. The Bureau will also be creating the opportunity for non-English speaking United States citizens to receive RDAP. In FY 2013 the Bureau will activate two Spanish Residential Drug Abuse Treatment Programs, one for male and one for female inmates. Through the Bureau's comprehensive and expansive approach to offender drug treatment, inmate lifestyles and identities can be changed which enhances public safety and provides the offender with the greatest opportunity for success as they re-enter society.

Attachment I

DEFINITION OF DRUG USE DISORDERS: DEPENDENCE AND ABUSE

CRITERIA FOR SUBSTANCE DEPENDENCE: A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period.

(1) Tolerance, as defined by either of the following:

(a) A need for markedly increased amounts of the substance to achieve intoxication or desired effect or

(b) Markedly diminished effect with continued use of the same amount of substance.

(2) Withdrawal, as manifested by either of the following

(a) The characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets for withdrawal from the specific substance), or

(b) The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.

(3) The substance is often taken in larger amounts or over a longer period than was intended.

(4) There is a persistent desire or unsuccessful efforts to cut down or control substance use.

(5) A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects.

(6) Important social, occupational, or recreational activities are given up or reduced because of substance use.

(7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

CRITERIA FOR SUBSTANCE ABUSE: A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring at any time in the same 12-month period.

(1) Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household).

(2) Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use).

(3) Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct).

(4) Continued substance use despite having persistent or recurrent social or inter-personal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights).

Taken from the Diagnostic and Statistical Manual of Mental Disorders, DSM-IV. Fourth Edition. American Psychiatric Association, 1994.

Attachment II

INMATE PARTICIPATION IN DRUG ABUSE TREATMENT PROGRAMS (Fiscal Years 1990 – 2012)

PROGRAM	1990	1991	1992	1993	1994*	1995	1996	1997	1998
DRUG EDUCATION	5,446	7,644	12,500	12,646	11,592	11,681	12,460	12,960	12,002
NON RESIDENTIAL			644	1,320	1,974	2,136	3,552	4,733	5,038
RESIDENTIAL	441	1,236	1,135	3,650	3,755	4,839	5,445	7,895	10,006
COMMUNITY TRANSITION			123	480	800	3,176	4,083	5,315	6,951

PROGRAM	1999	2000	2001	2002	2003	2004	2005	2006	2007
DRUG EDUCATION	12,460	15,649	17,216	17,924	20,930	22,105	22,776	23,006	23,596
NON RESIDENTIAL	6,535	7,931	10,827	11,506	12,023	13,014	14,224	13,697	14,392
RESIDENTIAL	10,816	12,541	15,441	16,243	17,578	18,278	18,027	17,442	17,549
COMMUNITY TRANSITION	7,386	8,450	11,319	13,107	15,006	16,517	16,503	15,466	15,432

PROGRAM	2008	2009	2010	2011	2012	TOTAL
DRUG EDUCATION	23,230	30,775	47,885	41,243	33,646	451,339
NON RESIDENTIAL	14,208	14,613	14,507	15,211	20,141	202,236
RESIDENTIAL	17,523	18,732	18,868	18,527	14,482**	270,449
COMMUNITY TRANSITION	15,466	16,123	16,912	16,873	12,464**	219,089

* In fiscal year 1994, the drug abuse education policy changed to allow for a waiver if an inmate volunteered for and entered the residential drug abuse treatment program. In addition, data for community transition drug abuse treatment was tabulated by average daily population.

** The number of participants in 2011 was generated utilizing a calculation of all inmate movement into and out of the RDAP and Community Transition. Through closer review, it was determined this methodology resulted in the potential of the same inmate to be counted twice within the same fiscal year. A more refined methodology to calculate RDAP and Community Transition participation, with significantly less potential for duplication, was recently developed which resulted in the number of participants during the fiscal year 2012 being less than the target number.

Attachment III

RESIDENTIAL DRUG TREATMENT PROGRAM LOCATIONS

NORTHEAST REGION
FCI Danbury (CT)✳
FCI Elkton (OH)
FCI Fairton (NJ)
FCI Fort Dix (NJ)
FPC Lewsiburg (PA)
FPC McKean (NJ)

NORTH CENTRAL REGION
FPC Duluth (MN)
FCI Englewood (CO)
FPC Florence (CO)
FCI Florence (CO)
FPC Greenville (IL) ✳
FPC Leavenworth (KS)
USP Leavenworth (KS)
FCI Milan (MI)
FCI Oxford (WI)
FPC Pekin (IL)
FCI Sandstone (MN)
USMCFP Springfield (MO) ★
FCI Waseca (MN) ✳
FPC Yankton (SD)

SOUTHEAST REGION
FCI Coleman (FL)
FPC Edgefield (SC)
FCI Jesup (GA)
FCI Marianna (FL)
FPC Miami (FL)
FPC Montgomery (AL)
FPC Pensacola (FL)
FCI Talladega (AL)
FCI Tallahassee (FL) ✳
FCI Yazoo City (MS)

MID-ATLANTIC REGION
FPC Alderson (WV)✳
FPC Beckley (WV)
FCI Beckley (WV)
FCI Butner (NC)
FPC Cumberland (MD)
FCI Cumberland (MD)
FCI Morgantown (WV)
FMC Lexington (KY)★
FCI Petersburg – Low (VA)
FCI Petersburg – Med (VA)

SOUTH CENTRAL REGION
FCI Bastrop (TX)
FPC Beaumont (TX)
USP Beaumont (TX)
FCI Beaumont – Med (TX)
FCI Beaumont – Low (TX)
FPC Bryan (TX) ✳
FMC Carswell (TX) ✳★
FCI El Reno (OK)
FCI Forrest City - Low (AK)
FCI Forrest City - Med (AK)
FMC Fort Worth (TX)
FCI La Tuna (TX)
FCI Seagoville (TX)
FPC Texarkana (TX)

WESTERN REGION
FCI Dublin (CA) ✳
FPC Dublin (CA) ✳
FCI Herlong (CA)
FPC Lompoc (CA)
FPC Phoenix (AZ) ✳
FCI Phoenix (AZ)
FPC Sheridan (OR)
FCI Sheridan (OR)
FCI Terminal Island (CA)

CONTRACT FACILITY
RCI Rivers (NC)

KEY

FCI = Federal Correctional Institution
FMC = Federal Medical Center
FPC = Federal Prison Camp
FSL = Federal Satellite Low
MCFP = Medical Center for Federal Prisoners
USP = United States Penitentiary
RCI = Rivers Correctional Institution
✳= Female Facility
★= Co-Occurring Disorder Program